

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	216861US3
	First Inventor or Application Identifier	Isao TORII, et al.
	Title	FLUIDIZED BED INCINERATOR AND COMBUSTION METHOD IN WHICH GENERATION OF NOx, CO AND DIOXINE ARE SUPPRESSED
Assignee Name: MITSUBISHI HEAVY INDUSTRIES, LTD.		
Assignee Address: 5-1, Marunouchi 2-chome, Chiyoda-ku, Tokyo, Japan		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets 45</p> <p>3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113) Total Sheets 6</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 17 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification or Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	ACCOMPANYING APPLICATION PARTS

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ Which was published in English

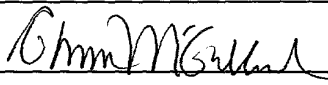
☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



22850
(703) 413-3000
FACSIMILE: (703) 413-2220

Name:	C. Irvin McClelland	Registration No.:	21,124
Signature:		Date:	12/5/01
Name:		Registration No.:	

Docket No. 216861US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Isao TORII, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: FLUIDIZED BED INCINERATOR AND COMBUSTION METHOD IN WHICH GENERATION OF NO_x,
CO AND DIOXINE ARE SUPPRESSED

FEE TRANSMITTAL

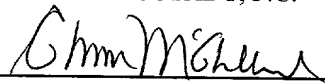
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	25 - 20 =	5	× \$18 =	\$90.00
INDEPENDENT CLAIMS	5 - 3 =	2	× \$84 =	\$168.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$998.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$998.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$998.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



C. Irvin McClelland
Registration No. 21,124

Date: 12/5/01



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/00)